Landscape of Plan
Options in
Florida
2007



Medicare Advantage Cost Plans and Demonstrations

1-800-MEDICARE TTY 1-877-486-2048 www.medicare.gov



^ Indicates plan do	pes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Alachua	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Alachua	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Alachua	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Alachua	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Alachua	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Alachua	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Alachua	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Alachua	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Alachua	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Alachua	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Alachua	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Alachua	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Alachua	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Baker	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Baker	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Baker	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Baker	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Baker	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Baker	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-037C (H1036-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Baker	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-081D (H1036-081)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Baker	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-101C (H1036-101)	Local HMO	\$20.40	\$20.40	\$0	Enhanced		•
Baker	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Baker	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	*				
Baker	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Baker	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Baker	Today's Option	Today's Options Value (H5421-035)	PFFS*	\$12.00					
Baker	Today's Option	Today's Options Premier (H5421-037)	PFFS*	\$35.00					
Baker	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Baker	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Baker	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Baker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Baker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Baker	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Baker	WellCare	Duet (H1340-004)	PFFS*	\$0.00	*				
Baker	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Bay	ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Bav	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	*				
Bay	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Bay	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		
Bay	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		
Bay	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		
Bav	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	40.00	1			
Bay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Bav	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00	+-5	7.00		1	
Bay	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00		1	1		
Bay	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Bay	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	
Bay	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	ψ00	ΨΟ	Limanoed	Generies	
Bradford	ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		
Bradford	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψυ.υυ	ΨΟ	Dasio	<u> </u>	
Bradford	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		\vdash
Diadioid	pramana modianoc company	[11d11d1d01000011 0 11 0 10020 000 (10020-000)	1 Regional FFO	ψ10.00	Ψ20.00	ΨΟ	Dasio	l	

County Bradford Bradford Bradford Bradford Bradford Bradford Bradford Bradford	Organization Name Humana Insurance Company			Monthly Consolidated Premium	Monthly				Offers Variable
Bradford Bradford Bradford Bradford Bradford Bradford	Humana Insurance Company				Monthly				variable
Bradford Bradford Bradford Bradford Bradford Bradford	Humana Insurance Company			Premium			D	T 6	D
Bradford Bradford Bradford Bradford Bradford Bradford	Humana Insurance Company			4	,	Annual	Drug	Type of	Drug
Bradford Bradford Bradford Bradford Bradford Bradford	Humana Insurance Company		Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
Bradford Bradford Bradford Bradford	1 /	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Bradford Bradford Bradford		Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Bradford Bradford	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Bradford	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	#00.70	# 400	Enhanced		
	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Bradford	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00	CO4.00	6 0	Deele		
Bradford	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic	Commission	•
Bradford	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Bradford	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	A 0.00	•		0 1	
Brevard	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-006)	Local HMO *	\$0.00	004.40	•		Commission	
Brevard	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-005)	Local HMO	\$202.00	\$61.40	\$0	Enhanced	Generics	•
Brevard	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-007)	Local HMO *	\$0.00					
Brevard	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-006)	Local HMO	\$202.00	\$61.40	\$0	Enhanced	Generics	•
Brevard	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
Brevard	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Brevard	Health First Medicare Plans	Value Plan (H1099-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brevard	Health First Medicare Plans	Secure Plan (H1099-009)	Local HMO *	\$25.00	·				
Brevard	Health First Medicare Plans	Classic Plan (H1099-001)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Brevard	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Brevard	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Brevard	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Brevard	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Brevard	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Brevard	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Brevard	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Brevard	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Brevard	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Brevard	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Brevard	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	*	* -			
Brevard	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brevard	Today's Option	Today's Options Value (H5421-032)	PFFS*	\$48.00					
Brevard	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Brevard	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Brevard	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Brevard	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00		1			
Brevard	Universal Health Care, Inc.	Medicare Masterpiece (H5404-062)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-015)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	WellCare	WellCare Advance (H1032-077)	Local HMO *	\$0.00	72,00				

	pes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Brevard	WellCare	WellCare Choice (H1032-036)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Brevard	WellCare	WellCare Value (H1032-133)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-003)	Local HMO *	\$0.00					
Broward	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-004)	Local HMO *	\$0.00					
Broward	America's Health Choice	America's Health Choice Advantage Plan (H1034-021)	Local HMO *	\$0.00					
Broward	America's Health Choice	America's Health Choice Healthy Rewards (H1034-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	America's Health Choice	America's Health Choice Premier Plan (H1034-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Broward	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic	<u> </u>	
Broward	AvMed Medicare Preferred	AvMed Premier Care (H1016-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO (H5436-002)	Local PPO	\$124.00	\$19.00	\$0	Basic		-
Broward	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-001)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	
Broward	CarePlus Health Plans, Inc.	CareFree Plan (H1019-004)	Local HMO	\$0.00	\$0.00	\$265	Basic	Generics	•
	CarePlus Health Plans, Inc.	CareOne Plan (H1019-004)	Local HMO	\$0.00	\$0.00	\$205	Enhanced	Generics and	
Broward	CarePlus Health Plans, Inc.	CareOne Plan (H1019-001)	Local HMO	\$0.00	\$0.00	\$0	Ennanced	Preferred Brands	•
Broward	Citrus Health Care, Inc.	CitrusCare (H5407-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	Citrus Health Care, Inc.	CitrusCare Premium (H5407-016)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Broward	Freedom Health, Inc.	Freedom Medicare Plan (H5427-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Diowara	1 Toodom Todam, mo.	Troddom Modiodro Flam (Flo 127 000)	Local Fillio	ψ0.00	Ψ0.00	ΨΟ	Emianoca	7 iii 1 oimididi y Drage	
Broward	Freedom Health, Inc.	Freedom Savings Plan (H5427-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Health Options, Inc.\BCBSF	BlueMedicare HMO (H1026-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	HealthSun Health Plans, Inc.	SunPlus Advantage Plan (H5431-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	
biowaid	ricaltifour ricalti rians, mo.	our lus ruvariage Flam (Flo451 002)	Local Tillio	ψ0.00	Ψ0.00	ΨΟ	Lillancea	7 iii 1 officially Drago	
Broward	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Broward	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Broward	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Broward	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Broward	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-011A (H1036-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-053A (H1036-053)	Local HMO *	\$0.00					
Broward	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-065C (H1036-065)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Medica HealthCare Plans, Inc.	MedicareMax (H5420-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	Medica HealthCare Plans, Inc.	MedicareMax Direct (H5420-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	PartnerCare Golden Advocate Plan	Broward Advocate (H5729-007)	Local HMO	\$0.00	\$0.00	\$100	Enhanced		•
Broward	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Broward	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Broward	Preferred Care Partners, Inc.	PSO Health Plan (H1045-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	
2.0	i roisirea eare r araisis, inei	(**************************************	2000.10	ψο.σσ	Ψ0.00	Ψ0	2111011000	Preferred Brands	-
Broward	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Broward	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Broward	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Summit Health Plan, Inc.	Summit Plus Plan (H5850-010)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Broward	SunCoast Physicians Health Plan, Inc	SunCoast Broward (H5942-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Broward	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Broward	Today's Option	Today's Options Premier (H5421-034)	PFFS*	\$72.00	-	1	t	1	1

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Broward	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic	Official in the dap	• payments
Broward	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	
Broward	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ44.90	ΨΟ	Ellianceu	Genencs	
Broward	United Healthcare Insurance Company	MedicareComplete Choice Plan 1 (H5417-006)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
	Universal Health Care. Inc.	Medicare Masterpiece (H5404-059)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Broward Broward	Universal Health Care, Inc.	Medicare Masterpiece (H3404-059) Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0 \$0	Enhanced		
	,								•
Broward	Universal Health Care, Inc. Vista Healthplan of South Florida, Inc.	Medicare Masterpiece PPO (H5429-007) Platinum Select Plan (H1013-021)	Local PPO	\$0.00 \$0.00	\$0.00 \$0.00	\$0 \$0	Enhanced Enhanced	Generics and	•
Broward	<u>'</u>	` '	Local HMO	·	,	, -		Preferred Brands	•
Broward	Vista Healthplan, Inc.	Platinum Select Plan (H1076-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Broward	Vista Healthplan, Inc.	Platinum Value Plan (H1076-010)	Local HMO *	\$0.00					
Broward	Vista Healthplan, Inc.	Preferred Options (H1076-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	WellCare	WellCare Choice (H1032-042)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broward	WellCare	WellCare Dividend (H1032-043)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Broward	WellCare	WellCare Value (H1032-044)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	V	**			
Calhoun	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψο.σσ	Ţ.	240.0		
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		<u> </u>
Calhoun	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		<u> </u>
Calhoun	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	Ψ0.00	ΨΟ	Lillanceu		
Calhoun	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Calhoun	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Calhoun	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	φ20.70	\$100	Ellianceu		-
Calhoun	Today's Option	Today's Options Value (H5421-035) Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Calhoun	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		
		Today's Options Premier Plus (H5421-042)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Calhoun	Today's Option UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	\$44.90	\$0	Ennanced	Genencs	<u> </u>
Calhoun	Universal Health Care, Inc.	,	Local HMO		\$0.00	\$0	Fahanaad		
Calhoun		Medicare Masterpiece (H5404-004)		\$0.00			Enhanced	-	
Calhoun	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Calhoun	WellCare	Duet (H1340-004)	PFFS *	\$0.00	£44.70	C O	Fabruard		
Calhoun	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Calhoun	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Charlotte	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Charlotte	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Charlotte	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Charlotte	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Charlotte	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Charlotte	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Charlotte	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Charlotte	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Charlotte	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Charlotte	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Charlotte	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Charlotte	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Charlotte	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		

maioatoo pian ao	es not offer Part D drug coverage.			Maria de la c					055
				Monthly					Offers
				Consolidated	Manadalis	0	D	T	Variable
			Town of Marking	Premium	Monthly	Annual	Drug	Type of	Drug
		DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Charlotte	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Charlotte	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Charlotte	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Charlotte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Charlotte	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Charlotte	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Charlotte	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Charlotte	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Charlotte	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Charlotte	Universal Health Care, Inc.	Medicare Masterpiece (H5404-025)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-020)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	WellCare	WellCare Choice (H1032-069)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Charlotte	WellCare	WellCare Dividend (H1032-097)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Citrus	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Citrus	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Citrus	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Citrus	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Citrus	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Citrus	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Citrus	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Lilianoca		
Citrus	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Citrus	Today's Option	Today's Options Value (H5421-032)	PFFS*	\$48.00	Ψ20.70	Ψ100	Lilianceu		
Citrus	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					-
Citrus	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		
	, ,	Today's Options Premier Plus (H5421-040)	PFFS	\$117.00	\$44.90	\$0		Comorino	
Citrus	Today's Option	Save Well - Plan III (H7289-003)	MSA *	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Citrus	UniCare				# 0.00	.	Entranced		ļ
Citrus	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Citrus	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Citrus	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•
Clay	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clay	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clay	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-009)	Local HMO *	\$0.00					
Clay	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-008)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Clay	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clay	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-010)	Local HMO *	\$0.00					
Clay	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-009)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Clay	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic	 	
Clay	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	φυ.υυ	φυ	Dasic	+	
Clay	Humana Insurance Company Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Clay	Humana Insurance Company Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$25.90	\$0 \$0			•
Clay							Enhanced	_	•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced	 	•
Clay	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic	Canarias as -1	•
Clay	Quality Health Plans, Inc.	Advantage Silver North (H5402-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Clay	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					<u> </u>
Clay	Quality Health Plans, Inc.	Advantage Premium North (H5402-017)	Local HMO	\$54.20	\$48.10	\$0	Enhanced	Generics and Preferred Brands	•
Clay	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Clay	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					

maisates plan de	es not offer Part D drug coverage.								0.00
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Clay	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clay	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Clay	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Clay	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Clay	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Clay	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clay	Universal Health Care, Inc.	Medicare Masterpiece (H5404-093)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Clay	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Clay	WellCare	WellCare Choice (H1032-073)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clay	WellCare	WellCare Value (H1032-129)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Collier	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψ0.00	Ψΰ	240.0		+
Collier	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Collier	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Collier	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Collier	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001) MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	φυ.υυ	φU	Ellianceu		<u> </u>
					¢00.70	£400	Fahanaad		
Collier	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Collier	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Collier	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Collier	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Collier	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Collier	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Collier	Universal Health Care, Inc.	Medicare Masterpiece (H5404-094)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-020)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Collier	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Columbia	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Columbia	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Columbia	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Columbia	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Columbia	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Columbia	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψοισσ	Ψΰ	2		+ -
Columbia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Columbia	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00	Ψ20.70	Ψισσ	Emilanood		
Columbia	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					+
Columbia	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
		Today's Options Premier Plus (H5421-040)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	
Columbia	Today's Option UniCare	, , , , , , , , , , , , , , , , , , , ,	MSA *	\$0.00	\$ 44 .90	ΦU	Ellianced	Generics	•
Columbia		Save Well - Plan II (H7289-002)			# 0.00	C O	Fahanad	Generics	
Dade	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-012)	Local HMO *	\$0.00 \$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-013)						0 '	
Dade	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-014)	Local HMO *	\$0.00					
Dade	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Dade	AvMed Medicare Preferred	AvMed Premier Care (H1016-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	AvMed Medicare Preferred PPO	AvMed Medicare Preferred PPO (H5436-001)	Local PPO	\$77.00	\$27.70	\$0	Basic		•
Dade	CarePlus Health Plans, Inc.	CareCenters Plan (H1019-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	CarePlus Health Plans, Inc.	CareFree Plan (H1019-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•

indicates plan d	oes not offer Part D drug coverage.			Manuallah .					055
				Monthly					Offers
				Consolidated	Monthly	Ammunal	Davis	Tumo of	Variable
			Town of Markey	Premium	Monthly	Annual	Drug	Type of	Drug
0	Oiti No	Diam Name	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County Dade	Organization Name CarePlus Health Plans, Inc.	Plan Name CareOne Plan (H1019-002)	Health Plan Local HMO	Part C + D) \$0.00	Premium \$0.00	Deductible \$0	Type Enhanced	Offered in the Gap Generics and	
		, ,		*	*	* -		Preferred Brands	•
Dade	Citrus Health Care, Inc.	CitrusCare (H5407-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Citrus Health Care, Inc.	CitrusCare Premium (H5407-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Doctorcare, Inc.	DoctorCare Health Advantage (H5411-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Doctorcare, Inc.	DoctorCare Plus Advantage (H5411-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Freedom Health, Inc.	Freedom Medicare Plan (H5427-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Dade	Freedom Health, Inc.	Freedom Savings Plan (H5427-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Health Options, Inc.\BCBSF	BlueMedicare HMO (H1026-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	HealthSun Health Plans, Inc.	SunPlus Advantage Plan (H5431-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Dade	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Dade	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Dade	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Dade	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Dade	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-034A (H1036-034)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-054C (H1036-054)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Leon Medical Centers Health, Inc.	Leon Cares (H5410-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	
Dade	Medica HealthCare Plans, Inc.	MedicareMax (H5420-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	1
Dade	Medica HealthCare Plans, Inc.	MedicareMax Direct (H5420-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	PartnerCare Golden Advocate Plan	Dade Advocate (H5729-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Dade	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Dade	Preferred Care Partners, Inc.	PSO Health Plan (H1045-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Preferred Care Partners, Inc.	Senior Health Choice (H1045-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	1 Teleffed Brands	•
Dade	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Lillancea		
Dade	SecureHorizons	MedicareComplete Plan 1 (H9011-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	SecureHorizons	MedicareComplete Plan 2 (H9011-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dade	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dade	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Summit Health Plan, Inc.	Summit Plus Plan (H5850-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	SunCoast Physicians Health Plan, Inc	SunCoast Dade (H5942-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Dade	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					<u> </u>
Dade	Today's Option	Today's Options Premier (H5421-034)	PFFS*	\$72.00					
Dade	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Dade	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Dade	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dade	Universal Health Care, Inc.	Medicare Masterpiece (H5404-053)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-011)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Dade	Vista Healthplan of South Florida, Inc.	Platinum Plan (H1013-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Dade	Vista Healthplan, Inc.	Platinum Value Plan (H1076-010)	Local HMO *	\$0.00				. roisii sa Branas	
Dade	Vista Healthplan, Inc.	Preferred Options (H1076-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	İ	
Dade	WellCare	WellCare Choice (H1032-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	-

indicates plan do	pes not offer Part D drug coverage.			Monthly					Office
				Monthly					Offers
				Consolidated				T (Variable
			T (14 !!	Premium	Monthly	Annual	Drug	Type of	Drug
		a	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Dade	WellCare	WellCare Dividend (H1032-040)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
DeSoto	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
DeSoto	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
DeSoto	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
DeSoto	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
DeSoto	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
DeSoto	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
DeSoto	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
DeSoto	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
DeSoto	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
DeSoto	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
DeSoto	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
DeSoto	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
DeSoto	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
DeSoto	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dixie	ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Dixie	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	40.00	7.			
Dixie	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Dixie	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Dixie	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Dixie	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Dixie	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Lilianoca		
Dixie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dixie	Today's Option	Today's Options Value (H5421-032)	PFFS*	\$48.00	φ20.70	\$100	Ellianceu		•
Dixie	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Dixie	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		
	, ,		PFFS	\$117.00	\$44.90			Conorios	
Dixie	Today's Option	Today's Options Premier Plus (H5421-041) Save Well - Plan III (H7289-003)	MSA *	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Dixie	UniCare				\$0.00	# 0	D :-		ļ
Duval	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-006)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Duval	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-007)	Local HMO	\$43.00	\$15.90	\$0	Basic		•
Duval	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-008)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
Duval	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Duval	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-009)	Local HMO *	\$0.00					
Duval	American Pioneer Healh Plans	American Pioneer Health Plans (H5611-008)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Duval	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Duval	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-010)	Local HMO *	\$0.00					
Duvai	American's forect the insurance company	Afficient Florice Elle insurance company (18330 010)	Local Tilvio	ψ0.00					
Duval	American Pioneer Life Insurance Company	American Pioneer Life Insurance Company (H5936-009)	Local HMO	\$205.00	\$42.70	\$0	Enhanced	Generics	•
Duval	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Duval	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Duval	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Duval	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Duval	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Duval	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-037C (H1036-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-081D (H1036-081)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	1	•
Duval	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-101C (H1036-101)	Local HMO	\$20.40	\$20.40	\$0	Enhanced		•
Duval	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Duval	PartnerCare Golden Advocate Plan	Diamond (H5729-008)	Local HMO	\$99.00	\$68.60	\$203	Enhanced		
		,						 	•
Duval	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00 \$0.00	\$0.00	\$0 \$0	Basic	Generics and	
Duval	Quality Health Plans, Inc.	Advantage Silver North (H5402-015)	Local HMO	\$0.00	\$0.00	Φ 0	Enhanced		•
				l				Preferred Brands	<u> </u>

Country Coun	" indicates plan does no	t offer Part D drug coverage.			Manadala					055
Digital County Organization Name					Monthly					Offers
Country Organization Name Pain Name Pain Name Pain Country Organization Name Pain Country Organization Name Pain Name						Mandala	0	Down	T	Variable
David Quality Health Plans, Inc. Advantage Value (H5-62-025) Local HMO So. 00 Regional PPO So. 00 David Quality Health Plans, Inc. Advantage Premium North (H5-62-017) Local HMO Sci. 20 S48.10 S0 Enhanced Company Regional PPO So. 00 So.				Town of Madiana		,			Type of	Drug
David Quality Health Plans, Inc.			DI N			3			Extra Coverage	Co-
Duval SecureHorizons						Premium	Deductible	Type	Offered in the Gap	payments
Duval						D 40 40			Consider and	
David Securethorizons MedicareComplete Choice Plan 2 (18528-002) Regional PPO* \$0.00	uvai	Quality Health Plans, Inc.	Advantage Premium North (H5402-017)	Local HMO	\$54.20	\$48.10	\$0	Enhanced	Generics and Preferred Brands	•
David	uval	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
David	uval	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
David	uval	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Duval	uval	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Duval	uval	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Duval	uval	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Duval	uval	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0			•
Duval	uval	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Duval Universal Health Care, Inc. Medicare Masterpice Pilus A (H5404-086) Local HMO \$0.00 \$0.00 \$0.00 \$0.00 Enhanced Duval WellCare WellCare (Dicce (H1032-073) Local HMO \$0.00 \$0	uval	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Duval WellCare WellCare Choice (H1032-073) Local HMO \$0.00 \$0.00 \$0.00 \$0.00 Enhanced WellCare Value (H1032-129) Local HMO \$0.00 \$0.	uval	Universal Health Care, Inc.	Medicare Masterpiece (H5404-096)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Duval WellCare WellCare WellCare Value (H1034-129)	uval	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Escambia Advantra® Freedom Freedom 2 (H0846-005) PFFS \$0.00	uval	WellCare						Enhanced	Generics	•
Escambia	uval	WellCare	WellCare Value (H1032-129)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Escambia ANY, ANY, ANY PLAN ANY, ANY, ANY Plan II (H5820-002)	scambia									
Escambia	scambia	Advantra® Freedom	Freedom 1 (H0846-004)		\$98.00					
Escambia Humana Insurance Company Humana Gold Choice PFFS H1804-122 (H1804-122) PFFS \$29.00 \$21.80 \$0 Enhanced Escambia Humana Insurance Company Humana Gold Choice PFFS H1804-163 (H1804-163) PFFS \$49.00 \$24.00 \$0 Enhanced Escambia Humana Insurance Company Humana Gold Choice PFFS H1804-163 (H1804-163) PFFS \$49.00 \$24.00 \$0 Enhanced Escambia Humana Insurance Company Humana Gold Choice PFFS H1804-163 (H1804-163) PFFS \$49.00 \$24.00 \$0 Enhanced Escambia PartnerCare Golden Advocate Plan Pensacola Advocate (H5729-006) Local HMO \$0.00 \$0.00 \$0 Enhanced Escambia PartnerCare Golden Advocate Plan Pensacola Advocate (H5729-006) Local HMO \$22.60 \$22.60 \$22.65 Basic Escambia SecureHorizons MedicareComplete Choice Plan 1 (R5287-001) Regional PPO \$0.00 \$0.00 \$0 Enhanced Escambia SecureHorizons MedicareComplete Choice Plan 2 (R5287-002) Regional PPO \$0.00 \$0.00 \$0 Enhanced Escambia SecureHorizons MedicareDirect Plan (Horoxone Plan 1 (H5435-010) PFFS \$0.00 Escambia Stering Life Insurance Company Sterling Option I (H5006-011) PFFS \$0.00 Escambia Sterling Life Insurance Company Sterling Option I (H5006-010) PFFS \$0.00 Escambia Todays Option Today's Options Value (H5421-035) PFFS \$12.00 Escambia Today's Option Today's Options Premier (H5421-037) PFFS \$35.00 Escambia Today's Option Today's Options Premier Plus (H5421-042) PFFS \$35.00 Escambia Today's Option Today's Options Premier Plus (H5421-042) PFFS \$30.00 \$0 Enhanced Escambia Today's Option Today's Options Premier Plus (H5421-042) PFFS \$30.00 \$0 Enhanced Escambia UniCare Save Well - Plan I (P880-01) MSA \$0.00 \$0.00 \$0 Enhanced Escambia UniCare WellCare Prescription Plus (H1032-079) Local HMO \$0.00 \$0.00 \$0 Enhanced Escambia WellCare WellCare Prescription Plus (H1035-003) PFFS \$0.00 \$0.00 \$0 Enhanced Flagler Florida Heal	scambia	ANY, ANY, ANY PLAN				\$0.00	\$0	Basic		•
Escambia	scambia		HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *						
Escambia Humana Insurance Company	scambia	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)			\$21.80	\$0	Enhanced		•
Escambia	scambia	Humana Insurance Company			\$49.00	\$24.00	\$0	Enhanced		•
Escambia	scambia									•
Escambia SecureHorizons MedicareComplete Choice Plan 1 (R5287-001) Regional PPO \$0.00 \$0.00 \$0 Enhanced Escambia SecureHorizons MedicareComplete Choice Plan 2 (R5287-002) Regional PPO \$0.00 \$0.00 \$0 Enhanced Escambia SecureHorizons MedicareDirect S	scambia	PartnerCare Golden Advocate Plan						Enhanced		•
Escambia SecureHorizons MedicareComplete Choice Plan 2 (R5287-002) Regional PPO * \$0.00	scambia						\$265	Basic		
Escambia SecureHorizons MedicareDirect SecureHorizons MedicareDirect Plan 10 (H5435-010) PFFS * \$0.00	scambia	SecureHorizons	()	- 3		\$0.00	\$0	Enhanced		•
Escambia Sterling Life Insurance Company Sterling Option I (H5006-011) PFFS * \$9.00	scambia									
Escambia Sterling Life Insurance Company Sterling Option II (H5006-010) PFFS \$28.70 \$28.70 \$100 Enhanced	scambia									
Escambia Today's Option Today's Options Value (H5421-035) PFFS * \$12.00	scambia	Sterling Life Insurance Company								
Escambia Today's Option Today's Options Premier (H5421-037) PFFS * \$35.00	scambia		3 - 1 - 1			\$28.70	\$100	Enhanced		•
Escambia Today's Option Today's Options Value Plus (H5421-042) PFFS \$44.00 \$31.90 \$0 Basic	scambia	Today's Option								
Escambia Today's Option Today's Options Premier Plus (H5421-043) PFFS \$80.00 \$44.90 \$0 Enhanced	scambia	Today's Option	Today's Options Premier (H5421-037)							
Escambia UniCare Save Well - Plan I (H7289-001) MSA * \$0.00 \$0.00	scambia									•
Escambia WellCare WellCare Prescription Plus (H1032-079) Local HMO \$0.00 \$0.00 \$0 Enhanced						\$44.90	\$0	Enhanced	Generics	•
Escambia WellCare WellCare Choice (H1032-025) Local HMO \$29.00 \$0.00 \$0 Enhanced Flagler Advantra® Freedom Freedom 2 (H0846-005) PFFS * \$0.00 \$0.00 \$0 Basic Flagler ANY, ANY, ANY PLAN ANY, ANY, ANY Plan III (H5820-003) PFFS \$0.00 \$0.00 \$0 Basic Flagler Florida Health Care Plan, Inc. FHCP Medvantage (H1035-007) Local HMO * \$0.00 \$0 \$0 Basic Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx (H1035-006) Local HMO * \$7.20 \$7.20 \$265 Basic Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx Plus (H1035-002) Local HMO * \$38.80 \$38.80 \$0 Enhanced Flagler Humana Health Insurance Company Of FI, Inc. HumanaChoicePPO PPO H5415-039 (H5415-039) Local PPO * \$59.00 \$23.00 \$0 Enhanced Flagler Humana Insurance Company HumanaChoicePPO PPO R5826-018 (R5826-018) Regional PPO * \$0.00 \$0 Enhanced	scambia									
Flagler Advantra® Freedom Freedom 2 (H0846-005) PFFS * \$0.00									Generics	•
Flagler ANY, ANY PLAN ANY, ANY Plan III (H5820-003) PFFS \$0.00 \$0.00 \$0 Basic Flagler Florida Health Care Plan, Inc. FHCP Medvantage (H1035-007) Local HMO \$0.00 Florida Health Care Plan, Inc. FHCP Medvantage Rx (H1035-006) Local HMO \$7.20 \$7.20 \$265 Basic Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx (H1035-002) Local HMO \$38.80 \$38.80 \$0 Enhanced A Flagler Humana Health Insurance Company Of FI, Inc. HumanaChoicePPO PPO H5415-039 (H5415-039) Local PPO \$59.00 \$23.00 \$0 Enhanced Flagler Humana Insurance Company HumanaChoicePPO PPO R5826-018 (R5826-018) Regional PPO \$0.00						\$0.00	\$0	Enhanced		•
Flagler Florida Health Care Plan, Inc. FHCP Medvantage (H1035-007) Local HMO * \$0.00 Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx (H1035-006) Local HMO \$7.20 \$7.20 \$265 Basic Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx Plus (H1035-002) Local HMO \$38.80 \$38.80 \$0 Enhanced A Flagler Humana Health Insurance Company Of FI, Inc. HumanaChoicePPO PPO H5415-039 (H5415-039) Local PPO \$59.00 \$23.00 \$0 Enhanced Flagler Humana Insurance Company HumanaChoicePPO PPO R5826-018 (R5826-018) Regional PPO * \$0.00										
Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx (H1035-006) Local HMO \$7.20 \$7.20 \$265 Basic Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx Plus (H1035-002) Local HMO \$38.80 \$38.80 \$0 Enhanced A Flagler Humana Health Insurance Company Of FI, Inc. HumanaChoicePPO PPO H5415-039 (H5415-039) Local PPO \$59.00 \$23.00 \$0 Enhanced Flagler Humana Insurance Company HumanaChoicePPO PPO R5826-018 (R5826-018) Regional PPO * \$0.00						\$0.00	\$0	Basic		•
Flagler Florida Health Care Plan, Inc. FHCP Medvantage Rx Plus (H1035-002) Local HMO \$38.80 \$38.80 \$0 Enhanced A Flagler Humana Health Insurance Company Of FI, Inc. HumanaChoicePPO PPO H5415-039 (H5415-039) Local PPO \$59.00 \$23.00 \$0 Enhanced Flagler Humana Insurance Company HumanaChoicePPO PPO R5826-018 (R5826-018) Regional PPO * \$0.00										
Flagler Humana Health Insurance Company Of FI, Inc. HumanaChoicePPO PPO H5415-039 (H5415-039) Local PPO \$59.00 \$23.00 \$0 Enhanced Flagler Humana Insurance Company HumanaChoicePPO PPO R5826-018 (R5826-018) Regional PPO * \$0.00	•	,								
Flagler Humana Insurance Company HumanaChoicePPO PPO R5826-018 (R5826-018) Regional PPO * \$0.00	lagler	Florida Health Care Plan, Inc.	FHCP Medvantage Rx Plus (H1035-002)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	All Formulary Drugs	•
	lagler	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-039 (H5415-039)	Local PPO	\$59.00	\$23.00	\$0	Enhanced		•
	lagler	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00			İ	İ	
HIGHER TO THE REPORT OF THE PROPERTY OF THE PR	lagler	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic	1	•
Flagler Humana Insurance Company Humana Gold Choice PFFS H1804-145 (H1804-145) PFFS \$119.00 \$22.80 \$0 Enhanced										•
Flagler Humana Insurance Company Humana Gold Choice PFFS H1804-165 (H1804-165) PFFS \$139.00 \$24.30 \$0 Enhanced									1	•
Flagler Humana Medical Plan, Inc. Humana Gold Plus HMO H1036-044 (H1036-044) Local HMO \$0.00 \$0.00 \$0 Enhanced	•		,						İ	•
Flagler Humana Medical Plan, Inc. Humana Gold Plus HMO H1036-099) Local HMO \$20.00 \$0 Enhanced						_				•
Flagler Humana Medical Plan, Inc. Humana Gold Plus HMO H1036-056 (H1036-056) Local HMO * \$25.00		,	\ /			Ţ_3.00	7~		1	
Flagler SecureHorizons MedicareComplete Choice Plan 1 (R5287-001) Regional PPO \$0.00 \$0.00 \$0 Enhanced		,				\$0.00	\$0	Enhanced		•
Flagler SecureHorizons MedicareComplete Choice Plan 2 (R5287-002) Regional PPO * \$0.00	•					72.00	7~		1	-

	oes not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Flagler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	Fieliliulii	Deductible	Type	Offered III the Gap	payments
Flagler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
			PFFS *	\$28.70	\$28.70	\$100	Ennanced		•
Flagler	Today's Option	Today's Options Value (H5421-035) Today's Options Premier (H5421-037)	PFFS *	\$12.00					
Flagler	Today's Option		PFFS	\$44.00	\$31.90	\$0	Basic		-
Flagler	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$80.00		\$0 \$0		Conorino	•
Flagler	Today's Option	Today's Options Premier Plus (H5421-043)			\$44.90	Φ0	Enhanced	Generics	•
Flagler	UniCare	Save Well - Plan I (H7289-001)	MSA * PFFS *	\$0.00					
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS	\$0.00 \$11.00	\$11.00	PO	Fahanaad		
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)			\$11.00	\$0	Enhanced		•
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	# 00 7 0	•	<u> </u>	0 1	1
Flagler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Franklin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Franklin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Franklin	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Franklin	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic	ļ	•
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Franklin	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Franklin	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Franklin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Franklin	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Franklin	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Franklin	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Franklin	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Franklin	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Franklin	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Franklin	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		
Franklin	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Franklin	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		
Gadsden	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	¥ 10100	**			
Gadsden	ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		
Gadsden	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic	İ	•
Gadsden	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Gadsden	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	Ψ17.00	Ψΰ	Elinarioca	Cononido	
Gadsden	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Gadsden	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Gadsden	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic	1	•
Gadsden	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		
Gadsden	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-001)	Regional PPO *	\$0.00	ψυ.υυ	Ψυ	Lillanceu		
Gadsden	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00		 	 	-	
Gadsden	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic	1	
Causuell		,			φ10.30	φ∠00	Dasic		
Gadsden	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gadsden	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gadsden	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					

mulcales plan do	es not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Gadsden	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Gadsden	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Gadsden	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Gadsden	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Gadsden	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gadsden	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Gadsden	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Gilchrist	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Gilchrist	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Gilchrist	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Gilchrist	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Gilchrist	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Gilchrist	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Gilchrist	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Gilchrist	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gilchrist	Today's Option	Today's Options Value (H5421-032)	PFFS*	\$48.00					
Gilchrist	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Gilchrist	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Gilchrist	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Gilchrist	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	ψσ	Ψΰ	21111011000		
Gilchrist	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gilchrist	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Gilchrist	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		-
Glades	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		_
Glades	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Glades	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Glades	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψ0.00	Ψΰ	Basic		
Glades	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Glades	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Glades	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Glades	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Glades	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Limanoca		
Glades	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Glades	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00	Ψ20.70	Ψ100	Limaneca		
Glades	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Glades	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Glades	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	
Glades	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	φ44.90	ΦΟ	Lilianceu	Genencs	•
Gulf	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		
Gulf	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	\$0.00	ΦΟ	Dasic		-
Gulf	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Gulf		Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$23.90	\$0			
Gulf	Humana Insurance Company Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced Enhanced		•
Gulf	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		
Gulf			Regional PPO *	\$0.00	φυ.00	ΦU	Ennanced		
Gulf	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	PFFS	\$0.00	\$28.70	¢400	Enheran-1		
	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS *		ֆ∠ö./U	\$100	Enhanced		•
Gulf	Today's Option	Today's Options Value (H5421-032)		\$48.00		-	 		
Gulf	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00	#04 00	*	B		<u> </u>
Gulf	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic	Commission	•
Gulf	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Gulf	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					

* Indicates plan do	oes not offer Part D drug coverage.					l .			
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Hamilton	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hamilton	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hamilton	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hamilton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hamilton	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hamilton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hamilton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hamilton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hamilton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hardee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hardee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hardee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hardee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hardee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hardee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hardee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hardee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hardee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hardee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hardee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hardee	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hardee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hendry	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hendry	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hendry	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hendry	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hendry	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hendry	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hendry	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hendry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hendry	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hendry	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hendry	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hendry	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hendry	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hernando	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hernando	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Hernando	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	<u> </u>	
Hernando	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	72.00	70		1	
Hernando	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hernando	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hernando	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hernando	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-067 (H1036-067)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hernando	Optimum HealthCare, Inc.	Optimum Gold Plan (H5594-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hernando	Optimum HealthCare, Inc.	Optimum Platinum Plan (H5594-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
	,	, ,		·		•		Brands	
Hernando	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Hernando	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•

indicates plan do	es not offer Part D drug coverage.								0.55
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Hernando	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Hernando	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Hernando	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00				Fielelieu bialius	
Hernando	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Hernando	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Hernando	SecureHorizons	MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00					
Hernando	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Hernando	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hernando	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hernando	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hernando	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hernando	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hernando	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	ψσσ	Ų.	21111011000	Cononido	
Hernando	Universal Health Care, Inc.	Medicare Masterpiece (H5404-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Hernando	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hernando	WellCare	WellCare Choice (H1032-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hernando	WellCare	WellCare Dividend (H1032-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	
Highlands	ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		<u> </u>
Highlands	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	φ0.00	Φ0	Dasic		•
Highlands	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Highlands Highlands	Humana Insurance Company Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$25.90	\$0	Enhanced		
		1	PFFS	\$139.00		· · · · · · · · · · · · · · · · · · ·			•
Highlands	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)		\$139.00	\$24.30 \$0.00	\$0 \$0	Enhanced		
Highlands	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO		\$0.00	\$0	Enhanced		•
Highlands	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	***	0400	l		
Highlands	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Highlands	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Highlands	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Highlands	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Highlands	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Highlands	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Highlands	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Hillsborough	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hillsborough	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Hillsborough	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-002)	Local HMO	\$53.00	\$15.90	\$0	Basic		•
Hillsborough	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-004)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
Hillsborough	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hillsborough	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-002)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	CarePlus Health Plans, Inc.	CareOne Plan (H1019-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	Citrus Health Care, Inc.	CitrusCare (H5407-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	Citrus Health Care, Inc.	CitrusCare Premium (H5407-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Hillsborough	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	1	•
Hillsborough	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Hillsborough	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Hillsborough	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Hillsborough	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Hillsborough	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-025 (H1036-025)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	<u> </u>	<u> </u>

	does not offer Part D drug coverage.								Offers
				Monthly Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
County	PartnerCare Golden Advocate Plan		Local HMO	\$22.60	\$22.60	\$265	Basic	Offered in the Gap	payments
Hillsborough		Premier (H5729-008)							
Hillsborough	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Hillsborough	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic	0 1 1	•
Hillsborough	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Hillsborough	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Hillsborough	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Hillsborough	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	Ψ0.00	Ψΰ	Ermanooa		Ť
Hillsborough	SecureHorizons	MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00					
Hillsborough	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Hillsborough	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hillsborough	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	Ψ20.70	Ψ100	Lillanceu		•
		Today's Options Value (H5421-035) Today's Options Premier (H5421-037)	PFFS *	\$12.00					
Hillsborough	Today's Option	, , , , ,			CO4.00	6 0	Di-		
Hillsborough	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic	Commission	•
Hillsborough	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Hillsborough	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hillsborough	Universal Health Care, Inc.	Medicare Masterpiece (H5404-016)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	WellCare	WellCare Choice (H1032-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hillsborough	WellCare	WellCare Dividend (H1032-131)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hillsborough	WellCare	WellCare Value (H1032-041)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Holmes	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Holmes	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Holmes	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Holmes	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Holmes	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		
Holmes	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Holmes	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		
Holmes	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Lilianoca		<u> </u>
Holmes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Holmes	Today's Option	Today's Options Value (H5421-035)	PFFS*	\$12.00	Ψ20.70	Ψ100	Lilianceu		•
Holmes	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
			PFFS	\$44.00	CO4.00	\$0	Di-		
Holmes	Today's Option	Today's Options Value Plus (H5421-042)			\$31.90		Basic	Conorios	•
Holmes	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS MCA *	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Holmes	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00			-	1	
Holmes	WellCare	Duet (H1340-004)	PFFS *	\$0.00	***	A -	.	ļ	
Holmes	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Holmes	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
ndian River	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
ndian River	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
ndian River	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
ndian River	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		
ndian River	Health First Medicare Plans	Value Plan (H1099-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	
	Health First Medicare Plans	Secure Plan (H1099-009)	Local HMO *	\$25.00	ψ0.00	Ψυ	Limanceu	GUICIUS	-
ngian Pivar	Health First Medicare Plans	Classic Plan (H1099-001)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
ndian River ndian River	Health First Medicare Plans	Classic Flair (FF1055 001)		*				7 m r ommanar y Brugo	
	Health First Medicare Plans Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00				7 iii 7 omiaidi y 21 ago	

indicates plan des	es not offer Part D drug coverage.			Manadala					066
				Monthly					Offers
				Consolidated	Monthly	A	Device	Tumo of	Variable
			Tune of Medicare	Premium	Monthly	Annual	Drug Benefit	Type of	Drug Co-
Country	Organization Name	Plan Name	Type of Medicare Health Plan	(Includes Part C + D)	Drug Premium	Drug Deductible		Extra Coverage Offered in the Gap	7.7
County Indian River	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Type Enhanced	Offered in the Gap	1
Indian River	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Indian River	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$139.00	\$0.00	\$0 \$0	Basic		-
Indian River	Quality Health Plans, Inc.	Advantage (H5402-011) Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	-
iliulali Rivel	Quality Fleatiff Flatis, Inc.	Advantage Sliver (113402-007)	Local Filvio	φ0.00	\$0.00	φυ	Ellianceu	Preferred Brands	•
Indian River	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Indian River	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Indian River	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Indian River	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Indian River	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Indian River	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Indian River	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Indian River	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Indian River	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Indian River	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Indian River	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Indian River	WellCare	Concert (H1340-017)	PFFS	\$139.00	\$49.50	\$0	Enhanced		•
Jackson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Jackson	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Jackson	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Jackson	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	40.00	7.			
Jackson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jackson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	V	¥			
Jackson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Jackson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Jackson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Jackson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	***************************************	**			
Jefferson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jefferson	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Jefferson	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic		•
Jefferson	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	V	7.			
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Jefferson	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Jefferson	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	İ	•
Jefferson	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Jefferson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			İ	İ	
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	Today's Option	Today's Options Value (H5421-035)	PFFS*	\$12.00	1	<u> </u>		İ	
Jefferson	Today's Option	Today's Options Premier (H5421-037)	PFFS*	\$35.00					
Jefferson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic	1	•
Jefferson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	<u> </u>
Jefferson	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	ψ ι τ.συ	ΨΟ	Limanoca	55.161165	<u> </u>
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (10340-001)	PFFS	\$11.00	\$11.00	\$0	Enhanced	1	
0011010011	To modic Life & Figain Ins. Company	10000111y 0110100 1 100 (110040-020)	1110	\$25.00	ψ11.00	Ψυ	Linanceu	1	_ •

indicates plan de	oes not offer Part D drug coverage.							0.00	
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Jefferson	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	WellCare	Summit (H1340-008)	PFFS	\$140.90	\$16.20	\$0	Enhanced		•
Lafayette	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lafayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Lafayette	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Lafayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Lafayette	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Lafayette	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lafayette	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Lafayette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lafayette	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lafayette	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lafayette	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lafayette	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lafayette	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00		* -			
Lake	AdvantageCare	Orange Blossom Plan (H5426-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Lake	AdvantageCare	Valencia Plan (H5426-003)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Lake	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	*	**			
Lake	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		
Lake	Freedom Health, Inc.	Freedom Medicare Plan (H5427-001)	Local HMO	\$0.00	\$0.00	\$0		All Formulary Drugs	•
	. rought round, mor	resident medicare riam (rio izi corr)	2000.10	Ψοίου	ψ0.00	•	211110111000	7 iii 1 ormalar ji Drago	
Lake	Freedom Health, Inc.	Freedom Savings Plan (H5427-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψο.σσ	Ţ.	21111011000		
Lake	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		<u> </u>
Lake	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		<u> </u>
Lake	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		
Lake	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		<u> </u>
Lake	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Lake	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		
Lake	Physicians United Plan	Hometown Rewards (H5696-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Lake	Physicians United Plan	Hometown Spirit (H5696-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	<u> </u>
Lake	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic	Genencs	
Lake	Quality Health Plans, Inc.	Advantage (H5402-011) Advantage Silver Central (H5402-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	:
Lake	Quality Health Flans, Inc.	Advantage Silver Central (115402-012)	Local Filvio	φ0.00	\$0.00	ΦΟ	Ellianceu	Preferred Brands	•
Lake	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00		-		rieleneu bianus	-
Lake Lake		Advantage Value (H5402-025) Advantage Premium Central (H5402-013)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	Generics and	
Lake	Quality Health Plans, Inc.	, ,		·	·			Preferred Brands	•
Lake	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Lake	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lake	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lake	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lake	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lake	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lake	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lake	Universal Health Care, Inc.	Medicare Masterpiece (H5404-101)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lake	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic	1	1

^ Indicates plan d	loes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Lee	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Lee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Lee	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Lee	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Lee	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Lee	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Lee	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Lee	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and	•
		, , ,						Preferred Brands	
Lee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Lee	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Lee	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Lee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	4	7.			
Lee	Universal Health Care, Inc.	Medicare Masterpiece (H5404-025)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-020)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lee	WellCare	Duet (H1340-004)	PFFS *	\$0.00	40.00	**			
Lee	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•
Leon	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS*	\$0.00	ψ.σσ	Ψü	21111011000		
Leon	ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Leon	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic		•
Leon	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Leon	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψσ	ų č	21111011000		
Leon	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Leon	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Leon	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic	1	•
Leon	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	1	
Leon	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	Ψ3.00			1	
Leon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			1	1	
Leon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Leon	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	Ψ20.70	Ψ100	Limanoca		
Leon	Today's Option	Today's Options Premier (H5421-037)	PFFS*	\$35.00		†			†
Leon	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		
Leon	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Leon	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ-7-1.50	ΨΟ	Limanced	GUICIUS	-
Leon	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	 	
Leon	Universal Health Care, Inc.	Medicare Masterpiece (H3404-004) Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	 	
Leon	Universal Health Care, Inc.	Medicare Masterpiece Pto 6 (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	 	
Leon	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced	 	
LEUII	vvelicale	1660011 (111340-012)	FFF3	φυ.υυ	φυ.υυ	φυ	Lillanced	1	•

^ Indicates plan do	oes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Leon	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Leon	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Levy	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Levy	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Levy	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Levy	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Levy	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Levy	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Levy	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Levy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Levy	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Levy	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00	221.22	-			
Levy	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Levy	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Levy	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00		-			
Liberty	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Liberty	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	005.00		<u> </u>		
Liberty	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Liberty	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Liberty	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Liberty	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Liberty	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Liberty	Sterling Life Insurance Company	Sterling Option I (H5006-011) Sterling Option II (H5006-010)	PFFS *	\$9.00 \$28.70	\$28.70	\$100	Enhanced		
Liberty	Sterling Life Insurance Company		PFFS *		\$28.70	\$100	Ennanced		•
Liberty	Today's Option	Today's Options Value (H5421-032) Today's Options Premier (H5421-034)	PFFS *	\$48.00 \$72.00					
Liberty Libertv	Today's Option Today's Option	Today's Options Premier (H5421-034) Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		
Liberty Liberty	Today's Option	Today's Options Value Plus (H5421-040) Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0 \$0	Enhanced	Generics	•
Liberty	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	\$44.90	\$0	Ennanced	Genencs	•
Liberty	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Liberty	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004) Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Liberty	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Liberty	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Liberty	WellCare	Summit (H1340-013)	PFFS	\$211.00	\$48.60	\$0	Enhanced		
Madison	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS*	\$0.00	Ψ40.00	ΨΟ	Lillanceu		
Madison	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Dasic		-
Madison	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		-
Madison	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Lilianoca		-
Madison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Madison	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	Ψ20.70	Ψ100	Limanoca		<u> </u>
Madison	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00				1	1
Madison	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Madison	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Madison	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	ψ.1.00	Ψ0	2	22.70.100	†
Madison	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	1	•
Madison	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	1	•
					Ψ0.00	Ψ.		 	
Madison	WellCare	Duet (H1340-004)	PFFS *	\$0.00					

* Indicates plan do	es not offer Part D drug coverage.								
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Madison	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Manatee	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Manatee	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Manatee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Manatee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Manatee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Manatee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Manatee	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Manatee	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Manatee	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-074 (H1036-074)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Manatee	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Manatee	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Manatee	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Manatee	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Manatee	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Manatee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	T Teleffed Dianus	•
Manatee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-001)	Regional PPO *	\$0.00	φ0.00	ΦΟ	Ellianceu		•
Manatee	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-031)	Local HMO *	\$0.00	\$0.00	ΦU	Ellianceu		•
Manatee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Manatee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00	φ20.70	\$100	Ellianceu		•
Manatee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Manatee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Manatee	Today's Option	Today's Options Premier Plus (H5421-040)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Manatee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	\$44.90	ΦΟ	Ellianceu	Generics	•
Manatee	Universal Health Care, Inc.	Medicare Masterpiece (H5404-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Manatee	Universal Health Care, Inc.	Medicare Masterpiece (H3404-002) Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
	Universal Health Care, Inc.		Local PPO	\$0.00		\$0	Enhanced		•
Manatee	WellCare	Medicare Masterpiece PPO (H5429-001) WellCare Choice (H1032-069)	Local HMO	\$0.00	\$0.00 \$0.00	\$0	Enhanced		
Manatee	WellCare		Local HMO	\$0.00	\$0.00				•
Manatee		WellCare Dividend (H1032-097)	Local HMO			\$0	Enhanced		•
Marion Marion	AdvantageCare AdvantageCare	Orange Blossom Plan (H5426-009) Valencia Plan (H5426-003)	Local HMO	\$0.00 \$0.00	\$0.00 \$0.00	\$0 \$0	Basic Basic		
Marion	AdvantageCare Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	\$0.00	ΦU	Dasic		
	ANY. ANY PLAN		PFFS	\$0.00	\$0.00	\$0	Basic		
Marion	Freedom Health, Inc.	ANY, ANY, ANY Plan II (H5820-002) Freedom Medicare Plan (H5427-001)	Local HMO	\$0.00	\$0.00	\$0		All Formulary Drugg	•
Marion	,	, ,		***	,	* -		All Formulary Drugs	•
Marion	Freedom Health, Inc.	Freedom Savings Plan (H5427-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Marion	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Marion	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Marion	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Marion	Physicians United Plan	Hometown Rewards (H5696-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Physicians United Plan	Hometown Spirit (H5696-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Marion	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•

indicates plan de	oes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated	Manuallala	0	Down	T 6	Variable
			T (14 !!	Premium	Monthly	Annual	Drug	Type of	Drug
		DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Туре	Offered in the Gap	
Marion	Quality Health Plans, Inc.	Advantage Silver Central (H5402-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Marion	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Marion	Quality Health Plans, Inc.	Advantage Premium Central (H5402-013)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	Generics and Preferred Brands	•
Marion	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Marion	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Marion	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marion	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Marion	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Marion	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Marion	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Marion	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Marion	Universal Health Care, Inc.	Medicare Masterpiece (H5404-102)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Marion	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Marion	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•
Martin	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Martin	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Martin	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
Martin	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Martin	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Martin	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Martin	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Martin	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Martin	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Martin	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Martin	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Martin	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Martin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Martin	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Martin	Summit Health Plan, Inc.	Summit Plus Plan (H5850-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Martin	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Martin	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Martin	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Martin	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Martin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Martin	Vista Healthplan of South Florida, Inc.	Platinum Plan (H1013-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Martin	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Monroe	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Monroe	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Monroe	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Monroe	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Monroe	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00		1			
Monroe	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Monroe	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•

	es not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Monroe	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	payments
	, ,	Save Well - Plan III (H7289-003)	MSA *	\$0.00	\$44.90	ΦU	Ennanced	Genencs	⊢∸
Monroe	UniCare		PFFS		\$0.00	\$0	Basic		
Nassau	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003) HumanaChoicePPO PPO R5826-018 (R5826-018)		\$0.00 \$0.00	\$0.00	\$∪	Basic		•
Nassau	Humana Insurance Company	,	Regional PPO *	· ·	#05.00	C O	Di-		
Nassau	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Nassau	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Nassau	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Nassau	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-037C (H1036-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-081D (H1036-081)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-101C (H1036-101)	Local HMO	\$20.40	\$20.40	\$0	Enhanced		•
Nassau	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Nassau	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nassau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nassau	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Nassau	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Nassau	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Nassau	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Nassau	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Okaloosa	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Okaloosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Okaloosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Okaloosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Okaloosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Okaloosa	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Okaloosa	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Okaloosa	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Okaloosa	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Okaloosa	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Okaloosa	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Okaloosa	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Okaloosa	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Okaloosa	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	*	**			
Okaloosa	WellCare	WellCare Prescription Plus (H1032-079)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Okaloosa	WellCare	WellCare Choice (H1032-025)	Local HMO	\$29.00	\$0.00	\$0	Enhanced		
Okaloosa	WellCare	Concert (H1340-017)	PFFS	\$139.00	\$49.50	\$0	Enhanced		
Okeechobee	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Okeechobee	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Okeechobee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	ψο.σσ	Q 0	240.0		
Okeechobee	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
Choconoboo	Authorisa s Floatai Cholos	7 thoroad Friedlith Cholod Advantage Flair (11700 F 010)	Local Fillio	Ψ0.00					ĺ
Okeechobee	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Okeechobee	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	
Okeechobee	ANY, ANY ANY PLAN	ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic	22.101100	·
Okeechobee	HealthSun Health Plans, Inc.	SunPlus Advantage Plan (H5431-003)	Local HMO	\$0.00	\$0.00	\$0		All Formulary Drugs	
	· · · · · · · · · · · · · · · · · · ·			***	ψ0.00	ΨŪ	Linanoca	i ormalary brugs	
Okeechobee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Okeechobee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Okeechobee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Okeechobee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Okeechobee	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Okeechobee	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
					İ	1		Preferred Brands	1

1 Indicates plan doe	es not offer Part D drug coverage.								0.00
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Okeechobee	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Okeechobee	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and	•
								Preferred Brands	
Okeechobee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Okeechobee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Okeechobee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Okeechobee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Okeechobee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Okeechobee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Okeechobee	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Okeechobee	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Okeechobee	Universal Health Care, Inc.	Medicare Masterpiece (H5404-034)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Okeechobee	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Orange	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Orange	Citrus Health Care, Inc.	CitrusCare (H5407-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Orange	Citrus Health Care, Inc.	CitrusCare Premium (H5407-017)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Citrus Health Care, Inc.	CitrusCare Platinum (H5407-009)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Orange	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
- · · J ·	, ,	, , ,		*****	*****				
Orange	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	40.00	**			
Orange	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Orange	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Orange	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Orange	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Orange	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		<u> </u>
Orange	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Orange	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		
Orange	Physicians United Plan	Hometown Rewards (H5696-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		<u> </u>
Orange	Physicians United Plan	Hometown Spirit (H5696-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	<u> </u>
Orange Orange	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic	GCHCHGS	
Orange	Quality Health Plans, Inc.	Advantage (H5402-017) Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
Jiange	Quality Fleature lains, Inc.	Advantage Sliver (115402-007)	Local Filvio	Ψ0.00	Ψ0.00	ΨΟ	Lillanceu	Preferred Brands	
Orange	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00				1 Teleffed Brailus	
Orange	Quality Health Plans, Inc.	Advantage Value (13402-023) Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and	•
Statigo	Quality Floatiff Fiding, Inc.	Navaniage i Ternium (110402 010)	Local Filvio	ψ+0.50	Ψ-0.50	ΨΟ	Lillancea	Preferred Brands	
Orange	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	T TOTOTTON BININGS	
Orange	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨÜ	21111011000		
Orange	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Orange	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	Ψ20.70	ψισσ	Emianoca		
Orange	Today's Option	Today's Options Premier (H5421-037)	PFFS*	\$35.00					
Orange	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		
Orange	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	
Orange	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	\$44.90	ΦΟ	Ellianceu	Generics	•
Orange Orange	Universal Health Care, Inc.	Medicare Masterpiece (H5404-105)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	†	
				\$0.00		\$0		†	
Orange	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO		\$0.00	ΦU	Enhanced	1	•
Orange	WellCare	WellCare Advance (H1032-037)	Local HMO *	\$0.00	#0.00	r.o	Enher:	1	-
Orange	WellCare	WellCare Essential (H1032-091)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Companies	•
Orange	WellCare	WellCare Value (H1032-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Orange	WellCare	WellCare Choice (H1032-002)	Local HMO	\$35.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	00.00		<u> </u>	ļ	<u> </u>
Osceola	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•

mulcates plan doe	s not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated	Manuallala	0	Down	T 6	Variable
			Towns of Marilloons	Premium	Monthly	Annual	Drug	Type of	Drug
0	Oiti N	Diam Name	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Туре	Offered in the Gap	1
Osceola	Citrus Health Care, Inc.	CitrusCare (H5407-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Citrus Health Care, Inc.	CitrusCare Premium (H5407-017)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Camadaa	•
Osceola	Citrus Health Care, Inc.	CitrusCare Platinum (H5407-009)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	#05.00	•	.		
Osceola	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Osceola	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Osceola	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Osceola	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Osceola	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Osceola	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Osceola	Physicians United Plan	Hometown Rewards (H5696-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	0 '	•
Osceola	Physicians United Plan	Hometown Spirit (H5696-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Osceola	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Osceola	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Osceola	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Osceola	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Osceola	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	V 0.00	7.			
Osceola	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Osceola	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	4====	4.00			
Osceola	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Osceola	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		
Osceola	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Osceola	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	4	7.			
Osceola	Universal Health Care, Inc.	Medicare Masterpiece (H5404-031)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Osceola	WellCare	WellCare Advance (H1032-038)	Local HMO *	\$0.00	-	7.			
Osceola	WellCare	WellCare Essential (H1032-092)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Osceola	WellCare	WellCare Value (H1032-029)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	
Osceola	WellCare	WellCare Choice (H1032-004)	Local HMO	\$35.00	\$0.00	\$0	Enhanced		•
Palm Beach	America's Health Choice	America's Health Choice Advantage Plan (H1034-020)	Local HMO *	\$0.00	*				
Palm Beach	America's Health Choice	America's Health Choice Healthy Rewards (H1034-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	America's Health Choice	America's Health Choice Premier Plan (H1034-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Palm Beach	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-001)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	CarePlus Health Plans, Inc.	CareComplete Plan (H1019-021)	Local HMO *	\$0.00					
Palm Beach	CarePlus Health Plans, Inc.	CareFree Plan (H1019-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	CarePlus Health Plans, Inc.	CareOne Plan (H1019-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	Citrus Health Care, Inc.	CitrusCare (H5407-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	Citrus Health Care, Inc.	CitrusCare Premium (H5407-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Health Options, Inc.\BCBSF	BlueMedicare HMO (H1026-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Palm Beach	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Palm Beach	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Palm Beach	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-035A (H1036-035)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-062C (H1036-062)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-063A (H1036-063)	Local HMO *	\$0.00					

	es not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
		Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0		Offered III the Gap	
Palm Beach	PartnerCare Golden Advocate Plan						Enhanced		•
Palm Beach	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Palm Beach	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Palm Beach	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Palm Beach	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Palm Beach	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Palm Beach	Summit Health Plan, Inc.	Summit Plus Plan (H5850-010)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Palm Beach	SunCoast Physicians Health Plan, Inc	SunCoast Palm Beach (H5942-009)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Palm Beach	Today's Option	Today's Options Value (H5421-032)	PFFS*	\$48.00					
Palm Beach	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Palm Beach	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Palm Beach	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Palm Beach	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Palm Beach	United Healthcare Insurance Company	MedicareComplete Choice Plan 1 (H5417-006)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Universal Health Care, Inc.	Medicare Masterpiece (H5404-056)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-007)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	Vista Healthplan, Inc.	Platinum Prime Plan (H1076-016)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
	* *	, ,			ψ0.00	ΨΟ	Lillanced	Preferred Brands	•
Palm Beach	Vista Healthplan, Inc.	Platinum Value Plan (H1076-010)	Local HMO *	\$0.00					
Palm Beach	Vista Healthplan, Inc.	Preferred Options (H1076-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	WellCare	WellCare Choice (H1032-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Palm Beach	WellCare	WellCare Dividend (H1032-031)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Palm Beach	WellCare	WellCare Value (H1032-113)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pasco	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Pasco	Citrus Health Care, Inc.	CitrusCare (H5407-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pasco	Citrus Health Care, Inc.	CitrusCare Premium (H5407-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
Pasco	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Pasco	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Pasco	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Pasco	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Pasco	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-040 (H1036-040)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic	1	•
Pasco	PartnerCare Golden Advocate Plan	Diamond (H5729-008)	Local HMO	\$99.00	\$68.60	\$205	Enhanced	 	•
			Local HMO		\$0.00	\$0 \$0		 	
Pasco	Quality Health Plans, Inc.	Advantage (H5402-011)		\$0.00		\$0 \$0	Basic	Comorina	•
Pasco	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Pasco	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Pasco	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Pasco	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	1	•
Pasco	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001) MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψυ.υυ	ΨΟ	Limanceu	<u> </u>	-
		MedicareComplete Choice Plan 2 (R5267-002) MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00		 	 	 	
Pasco	SecureHorizons			\$36.00	\$2.60	¢ο	Enheran-1	 	-
Pasco	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO			\$0	Enhanced	 	•
Pasco	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

	es not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated	NA Al- l	0	Down	T 6	Variable
			T (11 !!	Premium	Monthly	Annual	Drug	Type of	Drug
	0 1 11 11	DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Pasco	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Pasco	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Pasco	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Pasco	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Pasco	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Pasco	Universal Health Care, Inc.	Medicare Masterpiece (H5404-037)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	WellCare	WellCare Choice (H1032-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pasco	WellCare	WellCare Dividend (H1032-131)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pasco	WellCare	WellCare Value (H1032-041)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pinellas	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Pinellas	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-002)	Local HMO	\$53.00	\$15.90	\$0	Basic		•
Pinellas	Aetna Medicare	Aetna Golden Choice Standard Plan (H5437-001)	Local PPO	\$83.00	\$19.30	\$0	Basic		•
Pinellas	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-004)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
Pinellas	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Pinellas	Blue Cross and Blue Shield of Florida	BlueMedicare PPO (H5434-002)	Local PPO	\$49.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	CarePlus Health Plans, Inc.	CareOne Plan (H1019-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	Citrus Health Care, Inc.	CitrusCare (H5407-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	Citrus Health Care, Inc.	CitrusCare Premium (H5407-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Cononido	•
Pinellas	Freedom Health, Inc.	Freedom Medicare Plan (H5427-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•
IIIciias	reedom riealin, inc.	Treedom Medicare Flam (110427-010)	Local Fillio	, , , , ,		**	Lillanced	All Torridiary Drugs	
Pinellas	Freedom Health, Inc.	Freedom Savings Plan (H5427-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Pinellas	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Pinellas	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Pinellas	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Pinellas	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-052 (H1036-052)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Pinellas	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Pinellas	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Pinellas	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
Pinellas	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00				Preferred Brands	
Pinellas	Quality Health Plans, Inc.	Advantage Value (13402-023) Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and	
- irielias	Quality Fleatur Flans, Inc.	Advantage Fremium (115402-010)	Local Flivio	φ40.90	φ40.90	φυ	Ellianceu	Preferred Brands	
Pinellas	SecureHorizons	MedicareComplete (H1080-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Pinellas	SecureHorizons	MedicareComplete Essential (H1080-037)	Local HMO *	\$0.00					
Pinellas	SecureHorizons	MedicareComplete Choice (H5532-001)	Local PPO	\$36.00	\$2.60	\$0	Enhanced		•
Pinellas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pinellas	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Pinellas	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00			1		
Pinellas	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic	1	•
Pinellas	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Pinellas	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	ψ11.00	ΨΟ		30.10.100	-
Pinellas	Universal Health Care, Inc.	Medicare Masterpiece (H5404-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pinellas	Universal Health Care, Inc.	Medicare Masterpiece (H3404-022) Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
	,							 	•
Pinellas	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	Conoring	•
Pinellas	WellCare	WellCare Choice (H1032-014)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pinellas	WellCare	WellCare Dividend (H1032-033)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•

County Pinellas Polk Polk Polk Polk Polk Polk Polk Polk	Organization Name WellCare AdvantageCare AdvantageCare Advanta@ Freedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Plan Name WellCare Value (H1032-035) Orange Blossom Plan (H5426-009) Valencia Plan (H5426-003) Freedom 3 (H0846-006) ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Type of Medicare Health Plan Local HMO Local HMO Local HMO PFFS * PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO	Monthly Consolidated Premium (Includes Part C + D) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$99.00 \$99.00	Monthly Drug Premium \$0.00 \$0.	Annual Drug Deductible \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Drug Benefit Type Enhanced Basic Basic Enhanced Enhanced Enhanced Enhanced Enhanced Enhanced Enhanced	Type of Extra Coverage Offered in the Gap Generics Generics	Offers Variable Drug Co- payments
Pinellas Polk Polk Polk Polk Polk Polk Polk Polk	WellCare AdvantageCare AdvantageCare AdvantageCare AdvantageFreedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	WellCare Value (H1032-035) Orange Blossom Plan (H5426-009) Valencia Plan (H5426-003) Freedom 3 (H0846-006) ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Health Plan Local HMO Local HMO Local HMO Local HMO PFFS * PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO	Premium (Includes Part C + D) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$99.00	Prug Premium \$0.00	Drug Deductible \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Benefit Type Enhanced Basic Basic Enhanced Enhanced Enhanced Enhanced Enhanced Enhanced	Extra Coverage Offered in the Gap Generics	Drug Co- payments
Pinellas Polk Polk Polk Polk Polk Polk Polk Polk	WellCare AdvantageCare AdvantageCare AdvantageCare AdvantageFreedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	WellCare Value (H1032-035) Orange Blossom Plan (H5426-009) Valencia Plan (H5426-003) Freedom 3 (H0846-006) ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Health Plan Local HMO Local HMO Local HMO Local HMO PFFS * PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO	(Includes Part C + D) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$99.00 \$99.00	Prug Premium \$0.00	Drug Deductible \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Benefit Type Enhanced Basic Basic Enhanced Enhanced Enhanced Enhanced Enhanced Enhanced	Extra Coverage Offered in the Gap Generics	Co- payments
Pinellas Polk Polk Polk Polk Polk Polk Polk Polk	WellCare AdvantageCare AdvantageCare AdvantageCare AdvantageFreedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	WellCare Value (H1032-035) Orange Blossom Plan (H5426-009) Valencia Plan (H5426-003) Freedom 3 (H0846-006) ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Health Plan Local HMO Local HMO Local HMO Local HMO PFFS * PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO	Part C + D) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$99.00 \$99.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.90 \$22.90 \$24.90 \$0.00	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Type Enhanced Basic Basic Enhanced Enhanced Enhanced Enhanced Enhanced Enhanced Enhanced	Offered in the Gap Generics	payments • • • • • • • • • • • • •
Pinellas Polk Polk Polk Polk Polk Polk Polk Polk	WellCare AdvantageCare AdvantageCare AdvantageCare AdvantageFreedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	WellCare Value (H1032-035) Orange Blossom Plan (H5426-009) Valencia Plan (H5426-003) Freedom 3 (H0846-006) ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO Local HMO PFFS * PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.90 \$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Enhanced Basic Basic Basic Enhanced Enhanced Basic Enhanced Enhanced Enhanced	Generics	•
Polk Polk Polk Polk Polk Polk Polk Polk	AdvantageCare AdvantageCare Advantra® Freedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Orange Blossom Plan (H5426-009) Valencia Plan (H5426-003) Freedom 3 (H0846-006) ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-018 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO Local HMO PFFS * PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$0.00 \$99.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$25.90 \$22.90 \$24.90 \$0.00	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Basic Basic Basic Enhanced Enhanced Basic Enhanced Enhanced		•
Polk Polk Polk Polk Polk Polk Polk Polk	AdvantageCare Advantra® Freedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Valencia Plan (H5426-003) Freedom 3 (H0846-006) ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO PFFS * PFFS Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO Local HMO	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$22.60 \$99.00	\$0.00 \$0.00 \$0.00 \$0.00 \$25.90 \$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Basic Enhanced Enhanced Basic Enhanced Enhanced Enhanced	Generics	•
Polk Polk Polk Polk Polk Polk Polk Polk	Advantra® Freedom ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Freedom 3 (H0846-006) ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	PFFS * PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$22.60 \$99.00	\$0.00 \$0.00 \$0.00 \$25.90 \$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Basic Enhanced Enhanced Basic Enhanced Enhanced	Generics	•
Polk Polk Polk Polk Polk Polk Polk Polk	ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	PFFS Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO	\$0.00 \$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$22.60 \$99.00	\$0.00 \$0.00 \$25.90 \$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Enhanced Enhanced Basic Enhanced Enhanced	Generics	•
Polk Polk Polk Polk Polk Polk Polk Polk	Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	CitrusCare (H5407-004) CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO	\$0.00 \$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$22.60 \$99.00	\$0.00 \$0.00 \$25.90 \$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Enhanced Enhanced Basic Enhanced Enhanced	Generics	•
Polk Polk Polk Polk Polk Polk Polk Polk	Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	CitrusCare Premium (H5407-005) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO	\$0.00 \$0.00 \$75.00 \$79.00 \$99.00 \$0.00 \$22.60 \$99.00	\$0.00 \$25.90 \$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0 \$0 \$0 \$0	Enhanced Basic Enhanced Enhanced	Generics	•
Polk Polk Polk Polk Polk Polk Polk Polk	Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Regional PPO * Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO	\$0.00 \$75.00 \$79.00 \$99.00 \$0.00 \$22.60 \$99.00	\$25.90 \$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0 \$0	Basic Enhanced Enhanced		•
Polk Polk Polk Polk Polk Polk Polk Polk	Humana Insurance Company Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Regional PPO PFFS PFFS Local HMO Local HMO Local HMO Local HMO	\$75.00 \$79.00 \$99.00 \$0.00 \$22.60 \$99.00	\$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0	Enhanced Enhanced		•
Polk Polk Polk Polk Polk Polk Polk Polk	Humana Insurance Company Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Humana Gold Choice PFFS H1804-123 (H1804-123) Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	PFFS PFFS Local HMO Local HMO Local HMO Local HMO Local HMO	\$79.00 \$99.00 \$0.00 \$22.60 \$99.00	\$22.90 \$24.90 \$0.00 \$22.60	\$0 \$0 \$0	Enhanced Enhanced		•
Polk Polk Polk Polk Polk Polk Polk Polk	Humana Insurance Company PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Humana Gold Choice PFFS H1804-164 (H1804-164) Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	PFFS Local HMO Local HMO Local HMO Local HMO	\$99.00 \$0.00 \$22.60 \$99.00	\$24.90 \$0.00 \$22.60	\$0 \$0	Enhanced		
Polk Polk Polk Polk Polk Polk Polk Polk	PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Florida Advocate (H5729-005) Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO Local HMO Local HMO Local HMO	\$0.00 \$22.60 \$99.00	\$0.00 \$22.60	\$0			_
Polk Polk Polk Polk Polk Polk Polk Polk	PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Premier (H5729-008) Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO Local HMO Local HMO	\$22.60 \$99.00	\$22.60		Enhanced		<u> </u>
Polk Polk Polk Polk Polk Polk Polk Polk	PartnerCare Golden Advocate Plan Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Diamond (H5729-010) Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO Local HMO	\$99.00					•
Polk Polk Polk Polk Polk Polk Polk Polk	Physicians United Plan Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Hometown Rewards (H5696-002) Hometown Spirit (H5696-001) Advantage (H5402-011)	Local HMO		# 00 00	\$265	Basic		
Polk Polk Polk Polk Polk Polk Polk Polk	Physicians United Plan Quality Health Plans, Inc. Quality Health Plans, Inc.	Hometown Spirit (H5696-001) Advantage (H5402-011)			\$68.60	\$0	Enhanced		•
Polk Polk Polk Polk Polk Polk Polk Polk	Quality Health Plans, Inc. Quality Health Plans, Inc.	Advantage (H5402-011)		\$0.00	\$0.00	\$0	Enhanced		•
Polk Polk Polk Polk Polk Polk Polk	Quality Health Plans, Inc.		Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Polk Polk Polk Polk Polk Polk Polk			Local HMO	\$0.00	\$0.00	\$0	Basic		•
Polk Polk Polk Polk Polk		Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
Polk Polk Polk Polk Polk		Adventere Velve (LE 402, 025)	Less LIMO *	\$0.00				Preielleu biallus	
Polk Polk Polk Polk	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *		# 40.00	C O	Fabrasal	Consider and	
Polk Polk Polk	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
Polk Polk	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Polk	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Polk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Polk	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	·				
Polk	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Polk	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Polk	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Polk	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	V 1 1122	7.			
Polk	Universal Health Care, Inc.	Medicare Masterpiece (H5404-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Polk	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Polk	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		
Polk	WellCare	WellCare Choice (H1032-070)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Polk	WellCare	WellCare Dividend (H1032-098)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Polk	WellCare	WellCare Value (H1032-132)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	Ψυισο	Ψ.	200.0		
Putnam	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Putnam	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Putnam	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-068 (H1036-068)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		-
Putnam	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-001)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Limanced		
Putnam	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Putnam	Today's Option	Today's Options Value (H5421-032)	PFFS*	\$48.00	φ20.70	\$100	Lillanceu		
	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00		1			
Putnam			PFFS	\$72.00	\$31.90	\$0	Basic		
Putnam	Today's Option	Today's Options Value Plus (H5421-040)						Conorios	•
Putnam	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Putnam Putnam	UniCare Universal Health Care, Inc.	Save Well - Plan III (H7289-003) Medicare Masterpiece (H5404-106)	MSA * Local HMO	\$0.00 \$0.00	\$0.00	\$0	Enhanced		<u></u> _

* Indicates plan do	es not offer Part D drug coverage.								
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Putnam	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Santa Rosa	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Santa Rosa	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Santa Rosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Santa Rosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-122 (H1804-122)	PFFS	\$29.00	\$21.80	\$0	Enhanced		•
Santa Rosa	Humana Insurance Company	Humana Gold Choice PFFS H1804-163 (H1804-163)	PFFS	\$49.00	\$24.00	\$0	Enhanced		•
Santa Rosa	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Santa Rosa	PartnerCare Golden Advocate Plan	Pensacola Advocate (H5729-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Santa Rosa	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Santa Rosa	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Santa Rosa	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Santa Rosa	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Santa Rosa	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Santa Rosa	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Santa Rosa	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Santa Rosa	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Santa Rosa	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Santa Rosa	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Santa Rosa	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Santa Rosa	WellCare	WellCare Prescription Plus (H1032-079)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Santa Rosa	WellCare	WellCare Choice (H1032-025)	Local HMO	\$29.00	\$0.00	\$0	Enhanced		•
Sarasota	AdvantageCare	Orange Blossom Plan (H5426-008)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sarasota	AdvantageCare	Valencia Plan (H5426-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sarasota	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	·				
Sarasota	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Sarasota	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Sarasota	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Sarasota	Humana Insurance Company	Humana Gold Choice PFFS H1804-123 (H1804-123)	PFFS	\$79.00	\$22.90	\$0	Enhanced		•
Sarasota	Humana Insurance Company	Humana Gold Choice PFFS H1804-164 (H1804-164)	PFFS	\$99.00	\$24.90	\$0	Enhanced		•
Sarasota	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Sarasota	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
Sarasota	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Sarasota	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
		,		·				Preferred Brands	
Sarasota	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Sarasota	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and	•
		, ,						Preferred Brands	
Sarasota	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Sarasota	SecureHorizons	MedicareComplete Plus Plan 1 (H1080-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	SecureHorizons	MedicareComplete Plus Plan 2 (H1080-038)	Local HMO *	\$0.00					
Sarasota	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sarasota	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Sarasota	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Sarasota	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Sarasota	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Sarasota	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sarasota	Universal Health Care, Inc.	Medicare Masterpiece (H5404-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	Universal Health Care, Inc.	Medicare Masterpiece Plus A (H5404-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	WellCare	WellCare Choice (H1032-069)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarasota	WellCare	WellCare Dividend (H1032-097)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00			1		
	•	. ,			•				

County Seminole	Organization Name ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan PartnerCare Golden Advocate Plan	Plan Name ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-008) CitrusCare Premium (H5407-017) CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Type of Medicare Health Plan PFFS Local HMO Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS	Monthly Consolidated Premium (Includes Part C + D) \$0.00 \$0.00 \$0.00 \$25.00 \$0.00 \$75.00	Monthly Drug Premium \$0.00 \$0.00 \$0.00 \$0.00	Annual Drug Deductible \$0 \$0 \$0 \$0	Drug Benefit Type Basic Enhanced Enhanced	Type of Extra Coverage Offered in the Gap Generics Generics	•
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-008) CitrusCare Premium (H5407-017) CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Health Plan PFFS Local HMO Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS	Premium (Includes Part C + D) \$0.00 \$0.00 \$0.00 \$25.00 \$0.00 \$75.00	Premium \$0.00 \$0.00 \$0.00 \$0.00	Drug Deductible \$0 \$0 \$0 \$0 \$0	Benefit Type Basic Enhanced Enhanced	Extra Coverage Offered in the Gap Generics	Drug Co- payments
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-008) CitrusCare Premium (H5407-017) CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Health Plan PFFS Local HMO Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS	(Includes Part C + D) \$0.00 \$0.00 \$0.00 \$25.00 \$0.00 \$75.00	Premium \$0.00 \$0.00 \$0.00 \$0.00	Drug Deductible \$0 \$0 \$0 \$0 \$0	Benefit Type Basic Enhanced Enhanced	Extra Coverage Offered in the Gap Generics	Co- payments •
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-008) CitrusCare Premium (H5407-017) CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Health Plan PFFS Local HMO Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS	Part C + D) \$0.00 \$0.00 \$0.00 \$25.00 \$0.00 \$75.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Deductible \$0 \$0 \$0 \$0	Type Basic Enhanced Enhanced	Offered in the Gap Generics	payments • • •
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	ANY, ANY, ANY PLAN Citrus Health Care, Inc. Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	ANY, ANY, ANY Plan II (H5820-002) CitrusCare (H5407-008) CitrusCare Premium (H5407-017) CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	PFFS Local HMO Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS	\$0.00 \$0.00 \$0.00 \$25.00 \$0.00 \$75.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0 \$0 \$0 \$0	Basic Enhanced Enhanced	Generics	•
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	Citrus Health Care, Inc. Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	CitrusCare (H5407-008) CitrusCare Premium (H5407-017) CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS	\$0.00 \$0.00 \$25.00 \$0.00 \$75.00	\$0.00 \$0.00 \$0.00	\$0 \$0 \$0	Enhanced Enhanced		•
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	Citrus Health Care, Inc. Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	CitrusCare Premium (H5407-017) CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO Local HMO Regional PPO * Regional PPO PFFS PFFS	\$0.00 \$25.00 \$0.00 \$75.00	\$0.00 \$0.00	\$0 \$0	Enhanced		•
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	Citrus Health Care, Inc. Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	CitrusCare Platinum (H5407-009) HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO Regional PPO * Regional PPO PFFS PFFS	\$25.00 \$0.00 \$75.00	\$0.00	\$0		Generics	
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	HumanaChoicePPO PPO R5826-018 (R5826-018) HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Regional PPO * Regional PPO PFFS PFFS	\$0.00 \$75.00	*		Enhanced	Generics	
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	Humana Insurance Company Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	Regional PPO PFFS PFFS	\$75.00	\$25.90				•
Seminole Seminole Seminole Seminole Seminole Seminole Seminole Seminole	Humana Insurance Company Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	HumanaChoicePPO PPO R5826-005 (R5826-005) Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	PFFS PFFS		\$25.90				
Seminole Seminole Seminole Seminole Seminole Seminole	Humana Insurance Company Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	Humana Gold Choice PFFS H1804-165 (H1804-165) Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)	PFFS	£440.00		\$0	Basic		•
Seminole Seminole Seminole Seminole Seminole	Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)		\$119.00	\$22.80	\$0	Enhanced		•
Seminole Seminole Seminole Seminole Seminole	Humana Medical Plan, Inc. Humana Medical Plan, Inc. PartnerCare Golden Advocate Plan	Humana Gold Plus HMO H1036-047 (H1036-047) Humana Gold Plus HMO H1036-100 (H1036-100)		\$139.00	\$24.30	\$0	Enhanced		•
Seminole Seminole Seminole	PartnerCare Golden Advocate Plan		Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole Seminole Seminole	PartnerCare Golden Advocate Plan		Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Seminole Seminole		Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	i ditiloredie ediacii /tavecate i idii	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced		•
	Physicians United Plan	Hometown Rewards (H5696-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Physicians United Plan	Hometown Spirit (H5696-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Seminole	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic	OCHCHOS	•
	Quality Health Plans, Inc.	Advantage (113402-011) Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	
Seminole	Quality Health Flans, Inc.	Advantage Silver (H5402-007)	Local HIVIO	φυ.υυ	φυ.υυ	φυ	Ellianced	Preferred Brands	•
Yami'n ala	Ovelity Health Diese Inc	Advantage \((115.402.025)	Less LIMO *	#0.00				Preielleu biallus	
Seminole	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00	\$40.00	\$0	Fabrasad	Conorios and	
Seminole	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and	•
					****	•		Preferred Brands	
Seminole	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Seminole	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Seminole	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Seminole	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Seminole	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Seminole	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Seminole	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Seminole	Universal Health Care, Inc.	Medicare Masterpiece (H5404-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	WellCare	WellCare Advance (H1032-037)	Local HMO *	\$0.00					
Seminole	WellCare	WellCare Essential (H1032-091)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Seminole	WellCare	WellCare Value (H1032-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Seminole	WellCare	WellCare Choice (H1032-002)	Local HMO	\$35.00	\$0.00	\$0	Enhanced	Generics	•
St. Johns	Aetna Medicare	Aetna Golden Medicare Value Plan (H5414-006)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Johns	Aetna Medicare	Aetna Golden Medicare Standard Plan (H5414-007)	Local HMO	\$43.00	\$15.90	\$0	Basic		•
St. Johns	Aetna Medicare	Aetna Golden Medicare Premier Plan (H5414-008)	Local HMO	\$103.00	\$41.40	\$0	Enhanced	Generics	•
St. Johns	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
St. Johns	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
St. Johns	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
St. Johns	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
St. Johns	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
St. Johns	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-068 (H1036-068)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Johns	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Johns	Quality Health Plans, Inc.	Advantage Silver North (H5402-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	-
	,				+00			Preferred Brands	
St. Johns	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
St. Johns	Quality Health Plans, Inc.	Advantage Value (10402-025) Advantage Premium North (H5402-017)	Local HMO	\$54.20	\$48.10	\$0	Enhanced	Generics and	•
	addity i location inclosing.		Local I livio	ψο 1.20	ψ10.10	Ψ0		Preferred Brands	
St. Johns	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	. Totorica Dianas	•
St. Johns	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO *	\$0.00	ψυ.υυ	ΨU	Linanced		─ •
St. Johns	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					1
St. Johns	Sterling Life Insurance Company Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS	\$9.00	\$28.70	\$100	Enhanced		

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
St. Johns	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00	Tremium	Deddelible	Турс	Official III the Gap	payments
St. Johns	Today's Option	Today's Options Premier (H5421-034)	PFFS*	\$72.00					
St. Johns	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		
St. Johns			PFFS	\$117.00	\$44.90	\$0 \$0	Enhanced	Comorino	•
	Today's Option	Today's Options Premier Plus (H5421-041)			\$44.90	φU	Ennanced	Generics	•
St. Johns	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	# 0.00	•			
St. Lucie	AdvantageCare	Orange Blossom Plan (H5426-007)	Local HMO	\$0.00	\$0.00	\$0	Basic		
St. Lucie	AdvantageCare	Valencia Plan (H5426-001)	Local HMO	\$0.00	\$0.00	\$0	Basic		
St. Lucie	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
St. Lucie	America's Health Choice	America's Health Choice Advantage Plan (H1034-019)	Local HMO *	\$0.00					
St. Lucie	America's Health Choice	America's Health Choice Healthy Rewards (H1034-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	America's Health Choice	America's Health Choice Premier Plan (H1034-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
St. Lucie	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
St. Lucie	Citrus Health Care, Inc.	CitrusCare (H5407-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
St. Lucie	Citrus Health Care, Inc.	CitrusCare Premium (H5407-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	22.70.100	•
St. Lucie	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	Ψ0.00	Ψΰ	Limanood		
St. Lucie	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
St. Lucie	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$23.90	\$0	Enhanced		•
		Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$139.00		\$0			
St. Lucie	Humana Insurance Company				\$24.30		Enhanced		•
St. Lucie	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic	0 1 1	•
St. Lucie	Quality Health Plans, Inc.	Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
St. Lucie	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
St. Lucie	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
St. Lucie	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	ψ0.00	ΨΟ	Limancca		
St. Lucie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
St. Lucie	Summit Health Plan, Inc.	Summit Ideal Plan (H5850-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	
		, ,		•	,	**		Preferred Brands	•
St. Lucie	Summit Health Plan, Inc.	Summit Plus Plan (H5850-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
St. Lucie	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
St. Lucie	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
St. Lucie	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
St. Lucie	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
St. Lucie	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
St. Lucie	Universal Health Care, Inc.	Medicare Masterpiece (H5404-043)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	Vista Healthplan of South Florida, Inc.	Platinum Select Plan (H1013-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and Preferred Brands	•
St. Lucie	Vista Healthplan of South Florida, Inc.	Preferred Options (H1013-026)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lucie	WellCare	WellCare Choice (H1032-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
St. Lucie	WellCare	WellCare Dividend (H1032-031)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	22.70.100	•
St. Lucie	WellCare	WellCare Value (H1032-113)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	1	•
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψ0.00	Ψυ	Linanceu	<u> </u>	_
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic	1	•
								 	
Statewide	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced	1	•
Statewide	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	00.00	0.0		1	
Sumter	AdvantageCare	Orange Blossom Plan (H5426-009)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sumter	AdvantageCare	Valencia Plan (H5426-003)	Local HMO	\$0.00	\$0.00	\$0	Basic		
Sumter	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic	1	•
Sumter	Freedom Health, Inc.	Freedom Medicare Plan (H5427-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	All Formulary Drugs	•

muicates pian do	es not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Sumter	Freedom Health, Inc.	Freedom Savings Plan (H5427-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Offered III the Gap	• payments
Sumter	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	\$0.00	Φ0	Ellianceu		•
Sumter	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$23.90	\$0	Enhanced		
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		
Sumter	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-047 (H1036-047)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		
Sumter	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-100 (H1036-100)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		-
Sumter	Optimum HealthCare, Inc.	Optimum Gold Plan (H5594-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Sumter	Optimum HealthCare, Inc.	Optimum Platinum Plan (H5594-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	-
Juniter	Optimum HealthGare, Inc.	Optimum ratificin (13334-002)	Local Filvio	Ψ0.00	ψ0.00	ΨΟ	Lillanced	Brands	•
Sumter	Physicians United Plan	Hometown Rewards (H5696-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Brands	•
Sumter	Physicians United Plan	Hometown Spirit (H5696-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Sumter	Quality Health Plans, Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Sumter	Quality Health Plans, Inc.	Advantage Silver Central (H5402-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
	,, .	,		*****	,			Preferred Brands	
Sumter	Quality Health Plans, Inc.	Advantage Value (H5402-025)	Local HMO *	\$0.00					
Sumter	Quality Health Plans, Inc.	Advantage Premium Central (H5402-013)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	Generics and	•
	•							Preferred Brands	
Sumter	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Sumter	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sumter	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Sumter	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Sumter	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Sumter	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Sumter	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sumter	Universal Health Care, Inc.	Medicare Masterpiece (H5404-108)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sumter	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Suwannee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Suwannee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Suwannee	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Suwannee	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Suwannee	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Suwannee	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Suwannee	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Suwannee	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Suwannee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Suwannee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Suwannee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Suwannee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Suwannee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Suwannee	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Suwannee	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Suwannee	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced	ļ	•
Suwannee	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Taylor	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	<u> </u>			ļ	
Taylor	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Taylor	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Taylor	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Taylor	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Taylor	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Taylor	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Taylor	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00		1			_

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	1 7 7
Taylor	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	Tremium	Deddelible	1,700	Oncrea in the oup	payments
Taylor	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Taylor	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00	Ψ20.70	Ψ100	Lillancea		
Taylor	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Taylor	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Taylor	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Taylor	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ψ50	ΨΟ	Liliancea	Generies	
Taylor	WellCare	Duet (H1340-004)	PFFS *	\$0.00					1
Taylor	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Taylor	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		
Taylor	WellCare	Summit (H1340-009)	PFFS	\$161.00	\$33.20	\$0	Enhanced		•
Union	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS*	\$0.00	ψ33.20	ΨΟ	Lillianceu		
Union	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	Ψ0.00	ΨΟ	Dasic		
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$23.90	\$0	Enhanced		
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Union	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		
Union	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-001)	Regional PPO *	\$0.00	\$0.00	ΦU	Ennanceu		•
Union	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Union	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00	\$20.70	\$100	Ellianced		•
	Today's Option	Today's Options Value (H3421-032) Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Union	Today's Option	Today's Options Premier (H5421-034) Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		
Union Union	Today's Option	Today's Options Value Plus (H5421-040) Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	\$44.90	\$0	Ennanced	Generics	<u> </u>
Union					\$0.00	ΦO	Fahanaad		
Union	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Union	WellCare	Concert (H1340-014)	PFFS PFFS	\$41.00 \$161.00	\$3.30	\$0	Enhanced		•
Union	WellCare	Summit (H1340-009)	PFFS *	\$161.00	\$33.20	\$0	Enhanced		•
Volusia	Advantra® Freedom	Freedom 2 (H0846-005)							
Volusia	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00	•	•	<u> </u>		
Volusia	ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic	Comodos	•
Volusia	Citrus Health Care, Inc.	CitrusCare (H5407-010)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Volusia	Citrus Health Care, Inc.	CitrusCare Premium (H5407-018)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Volusia	Florida Health Care Plan, Inc.	FHCP Medvantage (H1035-007)	Local HMO *	\$0.00	^-				.
Volusia	Florida Health Care Plan, Inc.	FHCP Medvantage Rx (H1035-006)	Local HMO	\$7.20	\$7.20	\$265	Basic		.
Volusia	Florida Health Care Plan, Inc.	FHCP Medvantage Rx Plus (H1035-002)	Local HMO	\$38.80	\$38.80	\$0	Enhanced	All Formulary Drugs	•
Volusia	Humana Health Insurance Company Of FI, Inc.	HumanaChoicePPO PPO H5415-039 (H5415-039)	Local PPO	\$59.00	\$23.00	\$0	Enhanced		•
Volusia	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00				1	1
Volusia	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic	1	•
Volusia	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Volusia	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Volusia	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-044 (H1036-044)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Volusia	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-099 (H1036-099)	Local HMO	\$20.00	\$20.00	\$0	Enhanced		•
Volusia	Humana Medical Plan, Inc.	Humana Gold Plus HMO H1036-056 (H1036-056)	Local HMO *	\$25.00	Ψ=3.00			1	† Ť
Volusia	PartnerCare Golden Advocate Plan	Florida Advocate (H5729-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Volusia	PartnerCare Golden Advocate Plan	Premier (H5729-008)	Local HMO	\$22.60	\$22.60	\$265	Basic		
Volusia	PartnerCare Golden Advocate Plan	Diamond (H5729-010)	Local HMO	\$99.00	\$68.60	\$0	Enhanced	 	•
Volusia Volusia	Quality Health Plans. Inc.	Advantage (H5402-011)	Local HMO	\$0.00	\$0.00	\$0	Basic	 	•
Volusia	Quality Health Plans, Inc.	Advantage (H5402-017) Advantage Silver (H5402-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics and	•
			1	i		1	l	Preferred Brands	

	oes not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
					Monthly	Ammunal	Device	Tumo of	
			Towns of Marillanes	Premium	Monthly	Annual	Drug	Type of	Drug
S	Oiki N	Diam Name	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	1 ' '
/olusia	Quality Health Plans, Inc.	Advantage Premium (H5402-010)	Local HMO	\$46.90	\$46.90	\$0	Enhanced	Generics and Preferred Brands	•
/olusia	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
/olusia	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
/olusia	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
/olusia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
/olusia	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
/olusia	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
/olusia	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
/olusia	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
/olusia	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
/olusia	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
/olusia	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
/olusia	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	•				
/olusia	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
/olusia	WellCare	Duet (H1340-004)	PFFS*	\$0.00	\$20.70	Ψΰ	211110111000		
/olusia	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
/olusia	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Vakulla Vakulla	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	ψ10.00	ΨΟ	Limanood		
Nakulla Nakulla	ANY, ANY PLAN	ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		
Nakulla	Capital Health Plan	Capital Health Plan (H5938-001)	Local HMO	\$35.90	\$35.90	\$0	Basic		
Wakulla	Capital Health Plan	Capital Health Plan (H5938-006)	Local HMO	\$47.90	\$47.90	\$0	Enhanced	Generics	•
Wakulla	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00	ψ41.90	ΦΟ	Ellianceu	Genencs	•
Wakulla	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		
Wakulla	Humana Insurance Company	, , ,	PFFS	\$119.00	\$23.90	\$0	Enhanced		
Wakulla Wakulla	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145) Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		
Wakulla Wakulla	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0		-	•
Wakulla Wakulla	SecureHorizons SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001) MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00	\$0.00	\$0	Enhanced	-	 -
	SecureHorizons MedicareDirect		PFFS *	\$0.00					
Nakulla		SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *						
Nakulla Nakulla	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS	\$9.00	\$28.70	£400	Fabruard		
Nakulla 	Sterling Life Insurance Company	Sterling Option II (H5006-010)		\$28.70	\$28.70	\$100	Enhanced		•
Nakulla	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Nakulla	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00	004.00		<u> </u>		.
Nakulla 	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic	0 1	•
Nakulla	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Nakulla	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					<u> </u>
Nakulla	Universal Health Care, Inc.	Medicare Masterpiece (H5404-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Nakulla	Universal Health Care, Inc.	Medicare Masterpiece Plus B (H5404-087)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Nakulla	Universal Health Care, Inc.	Medicare Masterpiece PPO (H5429-005)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Nakulla	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nakulla	WellCare	Summit (H1340-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Nalton	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Valton	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					ļ
Nalton	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Valton	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Nalton	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Nalton	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Nalton	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00			<u></u>		
Valton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Valton	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Valton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Walton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Walton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Walton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					1

* Indicates plan doe	es not offer Part D drug coverage.					1			
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Washington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Washington	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan III (H5820-003)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-018 (R5826-018)	Regional PPO *	\$0.00					
Washington	Humana Insurance Company	HumanaChoicePPO PPO R5826-005 (R5826-005)	Regional PPO	\$75.00	\$25.90	\$0	Basic		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-145 (H1804-145)	PFFS	\$119.00	\$22.80	\$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-165 (H1804-165)	PFFS	\$139.00	\$24.30	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Choice Plan 1 (R5287-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Choice Plan 2 (R5287-002)	Regional PPO *	\$0.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washington	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Washington	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Washington	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Washington	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Washington	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	WellCare	Duet (H1340-004)	PFFS *	\$0.00					
Washington	WellCare	Summit (H1340-008)	PFFS	\$140.90	\$16.20	\$0	Enhanced		•